

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L96000000332**Entity Name
NEXUS MANAGEMENT GROUP LC.

Principal Place of Business

**1223 N. ORANGE AVE., #B
ORLANDO FL 32804**

Mailing Address

**1223 N. ORANGE AVE., #B
ORLANDO FL 32804**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3374502

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

**FILED****01 JAN 22 PM 2:18****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****6. Name and Address of Current Registered Agent****SUTPHEN, ROBERT R
1223 N. ORANGE AVE
SUITE B
ORLANDO FL 32804****7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State****MANAGING MEMBERS/MEMBERS**MEM
FIELDS, ED ☐ Delete
1223 N. ORANGE AVE., STE B
ORLANDO FL 32804MEM
SUTPHEN, ROBERT R ☐ Delete
1223 N. ORANGE AVE., STE B
ORLANDO FL 32804☐ Delete☐ Delete☐ Delete☐ Delete**10.****ADDITIONS/CHANGES**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
**100003582251--8
-01/26/01--01136--006
*****50.00 *****50.00**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

SIGNATURE OF ED FIELDS**1/18/01**